PRINTED: 06/08/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS2973AGZ 04/09/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **5408 TOPAZ STREET JOYFUL SENIOR CARE** LAS VEGAS, NV 89120 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 **Initial Comments** Y 000 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 4/9/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received an annual survey grade of #. The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 10. Ten resident files were reviewed and 5 employee files were reviewed. One discharged resident file was reviewed. Y 103 Y 103 449.200(1)(d) Personnel File - NAC 441A SS=F NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:

(d) The health certificates required pursuant to chapter 441A of NAC for the employee.

This Regulation is not met as evidenced by: Based on interview and record review on 4/9/09, the facility failed to ensure 3 of 5 caregivers complied with NAC 441A.375 regarding obtaining

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

(X6) DATE

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

449.274(5) Periodic Physical examination of a

5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a

Y 859 SS=D

resident

NAC 449.274

Y 859

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This Regulation is not met as evidenced by: Based on record review and interview on 4/9/09, the facility failed to ensure 6 of 10 residents

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
NVS2973AGZ				B. WING		04/09/2009	
NAME OF PROVIDER OR SUPPLIER			STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
				TOPAZ STREET VEGAS, NV 89120			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIATE	
Y 878	Continued From page 3			Y 878			
	received medications as prescribed (Resident #X, #3, #5, #6, #8 and #9).						
	Severity: 2 Scope: 3						
Y 885 SS=F				Y 885			
	NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.						
	Based on observation the facility failed to de were discontinued, ha had been transferred.		9, they				
	Severity: 2 Scope: 3						
Y 936 SS=D	1.10.21.10(1)(0)1.100.001.11.11.0			Y 936			
		st be maintained for ead ial facility and retained					

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